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|  |  |                        |                 |
|--|--|------------------------|-----------------|
|  |  | Application Number     | 09/901,802      |
|  |  | Filing Date            | July 10, 2001   |
|  |  | First Named Inventor   | Mei-Ling Wu     |
|  |  | Art Unit               | 1773            |
|  |  | Examiner Name          | Stevan A. Resan |
| Total Number of Pages in This Submission |  | Attorney Docket Number | 284867-00040    |

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## ENCLOSURES (Check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance communication to Technology Center (TC)        |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment/Reply                          | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> After Final                              | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Change of Correspondence Address                 | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer                              | - return postcard   |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund                               |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> CD, Number of CD(s) _____                        |   |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   | Remarks   |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |  |
|-------------------------|--|
| Firm or Individual name | Alan G. Towner<br>Pietragallo, Bosick & Gordon |
| Signature               |  |
| Date                    | October 9, 2003                                |

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|                       |                |      |                 |
|-----------------------|----------------|------|-----------------|
| Typed or printed name | Alan G. Towner |      |                 |
| Signature             |                | Date | October 9, 2003 |

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